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DATE: December 3, 2004

PTO IDENTIFIER: Application Number 10/709,329-Conf. #3328
Patent Number

Inventor: Earl Rotman et al.

MESSAGE TO: US Patent and Trademark Office

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FROM: DARBY & DARBY P.C.

Richard J. Katz

PHONE: (212) 527-7700

Attorney Dkt. #: 20107/1200838-US1

PAGES (Including Cover Sheet): 59

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Fee Transmittal (1 page)
Amendment in Response to Non-Final Office Action (26 pages)
Amendment Transmittal (1 page)
Declaration Under 37 CFR Section 1.1131 (Schreier, Berson and Rotman, including Exhibit A (27 pages))

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PTO/SB/07 (09-04)

Approved for use through 07/31/2006, OMB 0851-0031

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Application No. (if known): 10/709,329

Attorney Docket No.: 20107/1200838-US1

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on December 3, 2004
Date

MS Amendment
Commissioner for Patents
P.O. Box 1460
Alexandria, VA 22313-1460

Alma D. Clemena
Signature

ALMA D. CLEMENA

Typed or printed name of person signing Certificate

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Transmittal Form (1 page)

Fee Transmittal (1 page)

Amendment in Response to Non-Final Office Action (28 pages)

Amendment Transmittal (1 page)

Declaration Under 37 CFR Section 1.1131 (Schreier, Berson and Rotman, including Exhibit A (27 pages))

PTO/SB/21 (09-04)

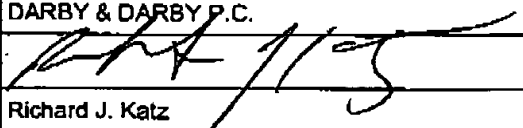
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| | | |
|--|------------------------|------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/709,329-Conf. #3328 |
| | Filing Date | April 28, 2004 |
| | First Named Inventor | Earl Rotman |
| | Art Unit | 3628 |
| | Examiner Name | N. B. Nguyen |
| Total Number of Pages in This Submission | Attorney Docket Number | 20107/1200838-US1 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to-TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Under 37 CFR Section 1.1131 (Schreier, Berson and Rotman including Exhibit A (27 pages)); Certificate of Transmission |
| Remarks | | |

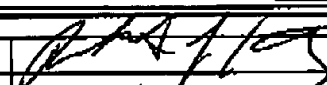
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | DARBY & DARBY P.C. | | |
| Signature |  | | |
| Printed name | Richard J. Katz | | |
| Date | December 3, 2004 | Reg. No. | 47,698 |

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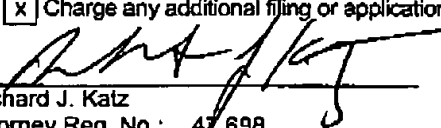
PTO/SB/17 (11-04)

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| FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small> | | | | Complete If Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | Application Number | | 10/709,329-Conf. #3328 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,478.00 | | | | Filing Date | | April 28, 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | First Named Inventor | | Earl Rotman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Examiner Name | | N. B. Nguyen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Art Unit | | 3628 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Attorney Docket No. | | 20107/1200838-US1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None | | | | 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> </tbody> </table> | | | | Fee Description | Fee (\$) | Small Entity Fee (\$) | Each claim over 20 | 18 | 9 | Each independent claim over 3 | 88 | 44 | Multiple dependent claims | 300 | 150 | For Reissues, each claim over 20 and more than in the original patent | 18 | 9 | For Reissues, each independent claim more than in the original patent | 88 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 | 18 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 | 88 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Reissues, each independent claim more than in the original patent | 88 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>74 - 20 or HP =</td> <td>43 x 18.00 =</td> <td></td> <td>774.00</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for. If greater than 20</td> </tr> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> <tr> <td>16 - 3 or HP =</td> <td>8 x 88.00 =</td> <td></td> <td>704.00</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for. If greater than 3</td> </tr> <tr> <th style="text-align: left;">Multiple Dependent Claims</th> <th></th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2) \$</td> <td colspan="2" style="text-align: right;">1,478.00</td> </tr> </tbody> </table> | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 74 - 20 or HP = | 43 x 18.00 = | | 774.00 | HP = highest number of total claims paid for. If greater than 20 | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 16 - 3 or HP = | 8 x 88.00 = | | 704.00 | HP = highest number of independent claims paid for. If greater than 3 | | | | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | | | | | Subtotal (2) \$ | | 1,478.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 - 20 or HP = | 43 x 18.00 = | | 774.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for. If greater than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 - 3 or HP = | 8 x 88.00 = | | 704.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Subtotal (2) \$ | | 1,478.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | 3. OTHER FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">790</td> <td style="text-align: right;">395</td> <td></td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">350</td> <td style="text-align: right;">175</td> <td></td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">550</td> <td style="text-align: right;">275</td> <td></td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">790</td> <td style="text-align: right;">395</td> <td></td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">160</td> <td style="text-align: right;">80</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (1) \$</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> </tbody> </table> | | | | Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) | Utility Filing Fee | 790 | 395 | | Design Filing Fee | 350 | 175 | | Plant Filing Fee | 550 | 275 | | Reissue Filing Fee | 790 | 395 | | Provisional Filing Fee | 160 | 80 | | Subtotal (1) \$ | | 0.00 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td style="text-align: right;">110</td> <td style="text-align: right;">55</td> <td></td> </tr> <tr> <td>2-month extension of time</td> <td style="text-align: right;">430</td> <td style="text-align: right;">215</td> <td></td> </tr> <tr> <td>3-month extension of time</td> <td style="text-align: right;">980</td> <td style="text-align: right;">490</td> <td></td> </tr> <tr> <td>4-month extension of time</td> <td style="text-align: right;">1,530</td> <td style="text-align: right;">765</td> <td></td> </tr> <tr> <td>5-month extension of time</td> <td style="text-align: right;">2,080</td> <td style="text-align: right;">1,040</td> <td></td> </tr> <tr> <td>Information disclosure stmt. Fee</td> <td style="text-align: right;">180</td> <td style="text-align: right;">180</td> <td></td> </tr> <tr> <td>37 CFR 1.17(a) processing fee</td> <td style="text-align: right;">50</td> <td style="text-align: right;">50</td> <td></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">130</td> <td style="text-align: right;">130</td> <td></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">340</td> <td style="text-align: right;">170</td> <td></td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td style="text-align: right;">340</td> <td style="text-align: right;">170</td> <td></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (3) \$</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> </tbody> </table> | | | | Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid | 1-month extension of time | 110 | 55 | | 2-month extension of time | 430 | 215 | | 3-month extension of time | 980 | 490 | | 4-month extension of time | 1,530 | 765 | | 5-month extension of time | 2,080 | 1,040 | | Information disclosure stmt. Fee | 180 | 180 | | 37 CFR 1.17(a) processing fee | 50 | 50 | | Non-English specification | 130 | 130 | | Notice of Appeal | 340 | 170 | | Filing a brief in support of appeal | 340 | 170 | | Request for oral hearing | 300 | 150 | | Other: | | | | Subtotal (3) \$ | | 0.00 | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 790 | 395 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design Filing Fee | 350 | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant Filing Fee | 550 | 275 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue Filing Fee | 790 | 395 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Filing Fee | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) \$ | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-month extension of time | 110 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2-month extension of time | 430 | 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3-month extension of time | 980 | 490 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4-month extension of time | 1,530 | 765 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-month extension of time | 2,080 | 1,040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information disclosure stmt. Fee | 180 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17(a) processing fee | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | 130 | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | 340 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of appeal | 340 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (3) \$ | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | Registration No. 47,698 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | | | | Telephone: (212) 527-7700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type): Richard J. Katz | | | | Date: December 3, 2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|-----------------------------------|---------------------------------|-----------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 20107/1200838-US1 | |
| Application No. 10/709,329-Conf. #3328 | | Filing Date April 28, 2004 | | Examiner N. B. Nguyen | |
| Art Unit 3628 | | | | | |
| Applicant(s): Earl Rotman et al. | | | | | |
| Invention: SYSTEM AND METHOD FOR CREATING TRADEABLE FINANCIAL UNITS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 74 | - 31 = | 43 | x 18.00 | 774.00 |
| Independent Claims | 15 | - 7 = | 8 | x 88.00 | 704.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 1,478.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u>1,478.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Richard J. Katz Attorney Reg. No.: 47,698 | | | | Dated: <u>December 3, 2004</u> | |
| DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7717 | | | | | |

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